

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
ELIGIBILITY QUESTIONNAIRE FOR UNEMPLOYMENT INSURANCE EUC BENEFITS

Mail or FAX your UI EUC Eligibility Questionnaire to:

Arizona DES
Unemployment Insurance Administration-EUC
P.O. Box 29225
Phoenix, Arizona 85038-9225

FAX: (602) 364-1210 or (602) 364-1211 (Phoenix area)
(520) 770-3357 or (520) 770-3358 (Tucson area)

OFFICIAL USE ONLY								
1. SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE RECV'D				
<div style="display: flex; justify-content: space-between;">YESNO</div> 2. <input type="checkbox"/> <input type="checkbox"/> Is the address on the reverse your current address? If it has changed, complete:				<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto 10px auto;"></div> Address Change				
NEW MAILING ADDRESS (No., Street, P.O. Box)								
CITY	STATE AZ	ZIP CODE	TELEPHONE NUMBER					
<div style="display: flex; justify-content: space-between;">YESNO</div> 3. <input type="checkbox"/> <input type="checkbox"/> Are you receiving or have you applied for a pension, annuity or retirement pay from any employer? 4. <input type="checkbox"/> <input type="checkbox"/> Have you received or will you receive vacation, holiday, unused sick pay, or severance pay from your last employer? 5. <input type="checkbox"/> <input type="checkbox"/> Are you currently working and filing this claim to receive benefits under the Shared Work program? 6. <input type="checkbox"/> <input type="checkbox"/> Have you refused work since becoming unemployed? 7. <input type="checkbox"/> <input type="checkbox"/> Have you refused a referral to work since becoming unemployed? 8. <input type="checkbox"/> <input type="checkbox"/> In the past 12 months, have you filed an unemployment insurance claim in states other than Arizona? 9. <input type="checkbox"/> <input type="checkbox"/> In the past 18 months, have you worked in federal civilian service? 10. <input type="checkbox"/> <input type="checkbox"/> In the past 18 months, have you worked in another state? 11. <input type="checkbox"/> <input type="checkbox"/> In the past 18 months, have you been in military service?				<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto 10px auto;"></div> Non-sep Issues				
12. <div style="display: flex; justify-content: space-between;">YESNO</div> <input type="checkbox"/> <input type="checkbox"/> Have you worked since you filed your last weekly claim for benefits? IF YES, COMPLETE THE FOLLOWING: LAST EMPLOYER YOU WORKED FOR BEFORE FILING THIS CLAIM (Regardless of State, Type of Work, or Length of Job) COMPANY NAME MAILING ADDRESS (No., Street, P.O. Box) CITYSTATEZIP CODE LAST DAY OF WORK FOR THIS EMPLOYER <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%; border-bottom: 1px solid black; text-align: center;">Month</td><td style="width: 25%; border-bottom: 1px solid black; text-align: center;">Day</td><td style="width: 25%; border-bottom: 1px solid black; text-align: center;">Year</td><td style="width: 25%; border-bottom: 1px solid black;"></td></tr></table> <div style="display: flex; justify-content: space-between;">YESNO</div> <div><input type="checkbox"/> <input type="checkbox"/> Have you worked at all since the LAST DAY OF WORK shown above? Why are you no longer working for this employer? (Check (✓) the box which applies and write the reason in the space below) (40) <input type="checkbox"/> I was laid off because of a lack of work or a reduction in force. (10) <input type="checkbox"/> I quit my job because: _____ (20) <input type="checkbox"/> I was discharged because: _____ (45) <input type="checkbox"/> I am still working part-time. (30) <input type="checkbox"/> My employer and a union(s) are involved in a labor dispute.</div>					Month	Day	Year	
Month	Day	Year						
A. PRIVACY ACT INFORMATION The Privacy Act of 1974 requires that you be furnished this statement because you are being asked to furnish your Social Security Account Number on the claim forms given to you. Your Social Security Number is solicited under the authority of the Internal Revenue Code of 1954 (26 U.S.C. 85, 6011(a), 6050b, and 6109(a)). Disclosure of your Social Security Number for this purpose is MANDATORY, and must be entered on the forms you submit to claim unemployment insurance. Your Social Security Number will be used to report your unemployment insurance to the Internal Revenue Service as income that is potentially taxable; it will also be used as a record index for processing your claim, for statistical purposes, and to verify your eligibility for unemployment insurance and other public assistance benefits. Should you decline to disclose your Social Security Number your claim for unemployment insurance will not be processed. B. CERTIFICATION I certify that I am not working or that I am on a part-time or reduced earnings basis. I am not seeking benefits under another state or federal unemployment insurance system. I have not applied for and I am not receiving a subsistence allowance for vocational rehabilitation training or a war orphans' educational assistance allowance from the Veterans Administration. I further certify that the statements made hereon for the purpose of obtaining unemployment insurance under the Employment Security Law of Arizona are true and correct to the best of my knowledge and belief. I UNDERSTAND THAT THE LAW PROVIDES PENALTIES FOR FALSE STATEMENTS IN CONNECTION WITH THIS CLAIM.								
13. CLAIMANT SIGNATURE				14. DATE				